

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1 File Number U - <b>9335</b>	2 Fiscal Year Covered From <b>1</b> / <b>1</b> / 2004 Through <b>12</b> / <b>31</b> / 2004
3 Name and address of person filing Name <b>Ras</b> <b>Stark</b> P O Box, Bldg, Room No, if any Street <b>1116 Syrah Court</b> City <b>Tulare</b> State <b>California</b> ZIP Code + 4 <b>93274</b>	4 Name, file number, and address of labor organization Name <b>Operating Engineers Local Union No 3</b> Labor Organization File Number <b>035-651</b> P O Box, Building and Room Number, if any Street <b>1620 South Loop Road</b> City <b>Alameda</b> State <b>California</b> ZIP Code + 4 <b>94502</b>
5 Position in labor organization <b>District Representative/Trustee</b>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions).

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6 Name and address of Employer (including trade name, if any) Name Trade Name, if any P O Box, Bldg, Room No, if any Street City State ZIP Code + 4	7 a Nature of Interest, Transaction, or Income 7 b Amount
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Signature

15 Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct and complete (See the section on penalties in the instructions)

Signed

On

Date

559-333-1792

Telephone Number

Name of Person Filing <b>Ras Stark</b>	File Number U-
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**B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested**

<b>8 Name and address of Business (including trade name, if any)</b> Name <u>Operating Engineers Health &amp; Wel. Trust Fd.</u> Trade Name, if any _____ P O Box, Bldg, Room No, if any _____ Street <u>1640 South Loop Road</u> City <u>Alameda</u> State <u>California</u> ZIP Code + 4 <u>94502</u>	<b>9 Business deals with</b> <input checked="" type="checkbox"/> a Labor Organization <input type="checkbox"/> b Trust <input type="checkbox"/> c Employer
<b>10 If 9 b or 9 c is checked give trust or employer's name</b> Name _____ Trade Name, if any _____ P O Box, Bldg, Room No, if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	<b>11 a Nature of such dealing</b> <u>Local Union's health and welfare trust fund</u>  <b>11 b Approximate dollar value of such dealing</b> <span style="float: right; border: 1px solid black; padding: 2px;"><b>N/A</b></span> <b>12 a Nature of interest held or income received</b> <u>Meeting expense for IF Conference</u>  <b>12 b Amount</b> <span style="float: right; border: 1px solid black; padding: 2px;"><b>\$2,351</b></span>

<b>C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</b>	
<b>13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)</b> Name _____ Trade Name, if any _____ P O Box, Bldg, Room No, if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	<b>14 a Nature of payment.</b> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
<b>13 b Is the Business an Employer</b> <input type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/> <b>?</b>	<b>14 b Amount of payment.</b> <span style="float: right; border: 1px solid black; padding: 2px; width: 150px;"></span>

Name of Person Filing **Ras Stark**File Number **U-****Part B Continuation Page**

**B** Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

**8 Name and address of Business (including trade name, if any).**Name **Associated Third Party Administrators**Trade Name, if any **ATPA**

P O Box, Bldg, Room No, if any

Street **1640 South Loop Road**City **Alameda**State **California** ZIP Code + 4 **94502****9 Business deals with**☐ a Labor Organization☒ b Trust☐ c Employer**10 If 9 b or 9 c is checked give trust or employer's name**Name **Operating Engineers Trust Funds**

Trade Name, if any

P O Box, Bldg, Room No, if any

Street **1640 South Loop Road**City **Alameda**State **California** ZIP Code + 4 **94502****11 a Nature of such dealing**

ATPA provides administration services to the Local Union's related pension and health and welfare trust funds.

**11 b Approximate dollar value of such dealing****12 a Nature of interest held or income received**

Lunches, dinners, beverages and other events hosted by ATPA

**12 b Amount****\$70**